## NMC MEDICAL LIBRARY ELECTRONIC INFORMATION RESOURCES NEEDS ASSESSMENT

## **SECTION I: All Survey Participants**

|        |   | ntly use ANY electronic information resource medical topics?  | s, including  | either  | CD-R     | OM's     | or access to the Internet |  |
|--------|---|---|---------------|---------|----------|----------|---------------------------|--|
|        | □ Yes   | □ No  |               |         |          |          |                           |  |
|        | IF "NO'   | NO" what non-electronic resources or methods do you now use for medical information?:  Ask Librarian to research topic for me Curbside consults with colleagues Do my own research using NMC Medical Library textbooks and journals Do my own research using my personal library of textbooks and journals Other (please describe): |               |         |          |          |                           |  |
| 2. Ple | ase asses   | ss your own level of knowledge and/or comfo   | rt with elect | ronic i | nforma   | ation re | esources:                 |  |
|        | a. My   | current overall computer skills are:  | 1_            | 2_      | 3        | 4        | 5                         |  |
|        | b. My   | command of the Windows environment is:  | 1_            | 2_      | 3        | 4        | 5                         |  |
|        | c. My s   | skills with an Internet browser are:  | 1_            | 2_      | 3        | 4        | 5                         |  |
|        | d. My a   | ability to do an effective Medline search is:   | 1_            | 2       | 3        | 4        | 5                         |  |
|        | e. My l   | knowledge of Internet resources is:   | 1_            | 2       | 3        | 4        | 5                         |  |
|        | f. My n   | eed for added information resources is:   | 1             | 2       | 3        | 4        | 5                         |  |
| 3. Wo  | uld you be  | e interested in attending classes on electronic   | c resources   | for cli | nical ir | nforma   | ition?                    |  |
|        | □ Yes   | □ No  |               |         |          |          |                           |  |
|        | a. If YES, what location(s) would be most convenient for this training? |   |               |         |          |          |                           |  |
|        |   |   |               |         |          |          |                           |  |

Thank you!

If you answered "NO" to Question #1, you are finished with this questionnaire!

Please return it BY AUGUST 1, 2000 to Rebecca de Walden in the Family Practice Residency Office.

If you answered "YES" to Question #1, please continue with SECTION II of the questionnaire. Your detailed responses are crucial to our efforts to provide greater access to electronic resources at Natividad Medical Center.

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## SECTION II: Current Users of Electronic Medical Information Tools

| 1. What<br><i>apply):</i> | t electroni   | c information resources do   | you currently use for researching   | g medical topics? (please check all that |
|---------------------------|---------------|--|---|--|
|                           | ☐ Internation | INE on CD-ROM (availablet access provided by NMC et access provided by anotal Internet account |   |  |
| 2. If you                 | a. Appro      |  | cess, please tell us:<br>t begin using the Internet <i>for medi</i><br>7 to 12 months ago                   |  |
|                           |               |  | nline, on average, <i>on medically-re</i> .   2 - 5 hours/week  | lated activities?  ☐ 5+ hours/week       |
| 3. Do yo                  |               |  | te Natividad Medical Center or NN<br>o to Question 4. If "YES", answer                                      |  |
|                           | a. While      | onsite at Natividad Medica  ☐ your personal account?   |   | unt?                                     |
|                           | b. How fi     | requently do you use Interi<br>□ < 1x/week   | net access at NMC for medically-r  1 - 3x/week  > 3   | elated activities only:<br>3x/week       |
|                           |               | <ul><li>☐ Medical Library</li><li>☐ FP Residency Offices</li></ul>                             | nere your Internet access occurs:  Medical Staff Offices FP Residents' Call F office your clinic or inpatie | Room                                     |
| 4. Pleas                  | a. □ Ele      | ectronic mail services:  | rices and/or functions you use for a  | □ Hatmail                                |
|                           |               | neral-purpose Internet sea  Yahoo Google Ask Jeeves Other?                                     | ☐ Dogpile ☐ Al ☐ HotBot   | you use):<br>orthern Light<br>ta Vista   |
|                           | c. 🗆 Me       | edline/Medlars searches fo<br>□ PubMed<br>Other:   | r journal citations (please identify :<br>□ Grateful Med  | site you use most): ☐ Physicians Online  |
|                           |               | <ul><li>□ MD Consult</li><li>□ ScHARR</li><li>□ National Guideline Cle</li></ul>               | rvices (primary source materials): ☐ E-Medicine ☐ Cochrane Library aringhouse                               |  |
|                           | e. □ Oth      | ner Professional and/or me   | edical sites. (Please list):  |  |
|                           |               |  |   |  |
|                           |               |  |   |  |

|                                       | nore about the sites /serv<br>sed? what features on the   |                              |  |   | favorites" or the |
|---------------------------------------|---|------------------------------|--|---|-------------------|
|                                       |   |                              |  |   |                   |
|                                       |   |                              |  |   |                   |
|                                       |   |                              |  | <del></del>                               |                   |
|                                       | lectronic information reso  |                              |  |   | uld be most usefu |
| in<br>in                              | in the FP Residency Office areas? in the Call Rooms?  |                              | in the Medical S in the Physiciar in your private c other: |   |                   |
|                                       | electronic information reso<br>"1" being the most impor   |                              | oriority at NMC? P   | lease rank the                            | se various types  |
|                                       | electronic textbooks or full-text journal subscripti □ Archives(complete AMA series) □ Annals of Internal Medicine □ Harrison's Online Other: |                              | □ New Engla □ ACP Journ                                    | and Journal of<br>al Club<br>American Med |                   |
|                                       | imary-source, evidence-b □ MD Consult □ eMedicine □ OVID/EBM Reviews Other:   | ☐ ScHARR<br>☐ Medical Matrix | □ Cochrane<br>□ Medical W                                  |   |                   |
|                                       | aining/educational tools:  Surgical procedures Other:   |                              | □ Diagnostic   | procedures                                |                   |
|                                       | ny other electronic information it fulfills):   | ation resources/services     | (please describe,  | including cont                            | ent and purpose   |
|                                       |   |                              |  |   |                   |
|                                       |   |                              |  |   |                   |
| 8. Do you own or its usefulness for p | use a "Palm Pilot" or sim<br>patient care:  | ilar hand-held device?       | □ Yes □ N  | o If "YES",                               | please describe   |
|                                       |   |                              |  |   |                   |
|                                       |   |                              |  |   |                   |

Thank you for contributing to our planning endeavors!

Please return <u>both</u> parts of this survey, BY AUGUST 1, 2000 to: Rebecca de Walden, Family Practice Residency Office.